

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	5,244,021.21
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	5.69385070

Gross Claim	\$5,244,021.21
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Net Claim / Payment Amount	\$5,244,021.21
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YTD Amount:	\$56,213,056.49
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	11,607.05
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.01260270

Gross Claim	\$11,607.05
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Net Claim / Payment Amount	\$11,607.05
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YTD Amount:	\$124,421.30
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	72,797.56
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.07904210

Gross Claim	\$72,797.56
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Net Claim / Payment Amount	\$72,797.56
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YTD Amount:	\$780,350.30
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	1,065,982.46
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.15742190

Gross Claim	\$1,065,982.46
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Net Claim / Payment Amount	\$1,065,982.46
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YTD Amount:	\$11,426,752.50
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	89,681.93
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.09737480

Gross Claim	\$89,681.93
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Net Claim / Payment Amount	\$89,681.93
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YTD Amount:	\$961,341.53
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	95,457.69
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.10364600

Gross Claim	\$95,457.69
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Net Claim / Payment Amount	\$95,457.69
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YTD Amount:	\$1,023,254.52
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	2,432,869.67
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	2.64156000

Gross Claim	\$2,432,869.67
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Net Claim / Payment Amount	\$2,432,869.67
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YTD Amount:	\$26,079,040.25
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	103,847.24
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.11275520

Gross Claim	\$103,847.24
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Net Claim / Payment Amount	\$103,847.24
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YTD Amount:	\$1,113,185.92
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For assistance, please call: Maria Alvarez at (916) 324-7335

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	276,088.65
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.29977140

Gross Claim	\$276,088.65
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Net Claim / Payment Amount	\$276,088.65
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YTD Amount:	\$2,959,520.28
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	2,677,029.65
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	2.90666390

Gross Claim	\$2,677,029.65
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Net Claim / Payment Amount	\$2,677,029.65
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YTD Amount:	\$28,696,302.50
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	88,022.84
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.09557340

Gross Claim	\$88,022.84
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Net Claim / Payment Amount	\$88,022.84
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YTD Amount:	\$943,557.04
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	478,191.38
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.51921040

Gross Claim	\$478,191.38
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Net Claim / Payment Amount	\$478,191.38
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YTD Amount:	\$5,125,951.67
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	576,663.31
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.62612920

Gross Claim	\$576,663.31
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Net Claim / Payment Amount	\$576,663.31
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YTD Amount:	\$6,181,517.20
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	55,279.46
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.06002130

Gross Claim	\$55,279.46
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Net Claim / Payment Amount	\$55,279.46
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YTD Amount:	\$592,565.73
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	1,917,749.52
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	2.08225310

Gross Claim	\$1,917,749.52
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Net Claim / Payment Amount	\$1,917,749.52
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YTD Amount:	\$20,557,232.24
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	159,596.40
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.17328650

Gross Claim	\$159,596.40
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Net Claim / Payment Amount	\$159,596.40
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YTD Amount:	\$1,710,786.66
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	233,139.97
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.25313860

Gross Claim	\$233,139.97
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Net Claim / Payment Amount	\$233,139.97
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YTD Amount:	\$2,499,133.75
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	118,180.53
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.12831800

Gross Claim	\$118,180.53
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Net Claim / Payment Amount	\$118,180.53
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YTD Amount:	\$1,266,831.06
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	37,213,054.06
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	40.40517100

Gross Claim	\$37,213,054.06
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Net Claim / Payment Amount	\$37,213,054.06
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YTD Amount:	\$398,903,708.56
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	233,818.19
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.25387500

Gross Claim	\$233,818.19
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Net Claim / Payment Amount	\$233,818.19
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YTD Amount:	\$2,506,403.93
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	315,866.16
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.34296100

Gross Claim	\$315,866.16
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Net Claim / Payment Amount	\$315,866.16
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YTD Amount:	\$3,385,913.53
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	63,858.18
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.06933590

Gross Claim	\$63,858.18
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Net Claim / Payment Amount	\$63,858.18
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YTD Amount:	\$684,524.95
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	564,488.93
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.61291050

Gross Claim	\$564,488.93
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Net Claim / Payment Amount	\$564,488.93
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YTD Amount:	\$6,051,014.42
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	511,967.12
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.55588340

Gross Claim	\$511,967.12
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Net Claim / Payment Amount	\$511,967.12
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YTD Amount:	\$5,488,009.19
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	43,539.23
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.04727400

Gross Claim	\$43,539.23
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Net Claim / Payment Amount	\$43,539.23
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YTD Amount:	\$466,716.85
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	22,548.04
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.02448220

Gross Claim	\$22,548.04
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Net Claim / Payment Amount	\$22,548.04
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YTD Amount:	\$241,702.74
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	787,475.27
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.85502450

Gross Claim	\$787,475.27
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Net Claim / Payment Amount	\$787,475.27
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YTD Amount:	\$8,441,306.78
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	299,090.47
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.32474630

Gross Claim	\$299,090.47
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Net Claim / Payment Amount	\$299,090.47
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YTD Amount:	\$3,206,087.24
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	285,075.75
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.30952940

Gross Claim	\$285,075.75
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Net Claim / Payment Amount	\$285,075.75
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YTD Amount:	\$3,055,857.03
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	2,910,984.80
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	3.16068760

Gross Claim	\$2,910,984.80
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Net Claim / Payment Amount	\$2,910,984.80
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YTD Amount:	\$31,204,174.47
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	347,370.81
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.37716810

Gross Claim	\$347,370.81
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Net Claim / Payment Amount	\$347,370.81
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YTD Amount:	\$3,723,626.23
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	83,252.72
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.09039410

Gross Claim	\$83,252.72
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Net Claim / Payment Amount	\$83,252.72
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YTD Amount:	\$892,423.94
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	2,485,343.86
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	2.69853540

Gross Claim	\$2,485,343.86
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Net Claim / Payment Amount	\$2,485,343.86
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YTD Amount:	\$26,641,535.03
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	4,673,327.80
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	5.07420350

Gross Claim	\$4,673,327.80
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Net Claim / Payment Amount	\$4,673,327.80
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YTD Amount:	\$50,095,533.42
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	77,748.94
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.08441820

Gross Claim	\$77,748.94
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Net Claim / Payment Amount	\$77,748.94
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YTD Amount:	\$833,426.33
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	3,210,497.54
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	3.48589240

Gross Claim	\$3,210,497.54
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Net Claim / Payment Amount	\$3,210,497.54
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YTD Amount:	\$34,414,788.29
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	4,438,302.28
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	4.81901760

Gross Claim	\$4,438,302.28
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Net Claim / Payment Amount	\$4,438,302.28
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YTD Amount:	\$47,576,187.53
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	2,302,543.48
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	2.50005450

Gross Claim	\$2,302,543.48
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Net Claim / Payment Amount	\$2,302,543.48
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YTD Amount:	\$24,682,014.37
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	1,494,290.79
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.62247030

Gross Claim	\$1,494,290.79
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Net Claim / Payment Amount	\$1,494,290.79
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YTD Amount:	\$16,017,984.92
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	661,690.25
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.71844970

Gross Claim	\$661,690.25
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Net Claim / Payment Amount	\$661,690.25
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YTD Amount:	\$7,092,959.71
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	718,477.01
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.78010760

Gross Claim	\$718,477.01
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Net Claim / Payment Amount	\$718,477.01
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YTD Amount:	\$7,701,682.91
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	922,362.14
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.00148190

Gross Claim	\$922,362.14
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Net Claim / Payment Amount	\$922,362.14
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YTD Amount:	\$9,887,220.72
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	3,239,963.29
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	3.51788570

Gross Claim	\$3,239,963.29
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Net Claim / Payment Amount	\$3,239,963.29
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YTD Amount:	\$34,730,645.06
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	961,683.29
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.04417600

Gross Claim	\$961,683.29
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Net Claim / Payment Amount	\$961,683.29
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YTD Amount:	\$10,308,722.09
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	449,625.27
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.48819390

Gross Claim	\$449,625.27
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Net Claim / Payment Amount	\$449,625.27
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YTD Amount:	\$4,819,738.46
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	12,405.19
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.01346930

Gross Claim	\$12,405.19
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Net Claim / Payment Amount	\$12,405.19
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YTD Amount:	\$132,976.89
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	145,232.07
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.15769000

Gross Claim	\$145,232.07
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Net Claim / Payment Amount	\$145,232.07
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YTD Amount:	\$1,556,808.81
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	953,622.63
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.03542390

Gross Claim	\$953,622.63
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Net Claim / Payment Amount	\$953,622.63
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YTD Amount:	\$10,222,316.18
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	737,497.17
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.80075930

Gross Claim	\$737,497.17
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Net Claim / Payment Amount	\$737,497.17
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YTD Amount:	\$7,905,568.70
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	1,014,232.45
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.10123280

Gross Claim	\$1,014,232.45
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Net Claim / Payment Amount	\$1,014,232.45
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YTD Amount:	\$10,872,020.52
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	622,750.11
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.67616930

Gross Claim	\$622,750.11
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Net Claim / Payment Amount	\$622,750.11
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YTD Amount:	\$6,675,542.62
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	147,269.77
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.15990250

Gross Claim	\$147,269.77
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Net Claim / Payment Amount	\$147,269.77
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YTD Amount:	\$1,578,651.90
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	61,154.87
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.06640070

Gross Claim	\$61,154.87
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Net Claim / Payment Amount	\$61,154.87
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YTD Amount:	\$655,546.93
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA**P O BOX 942850, SACRAMENTO, CA 94250-0001****REMITTANCE ADVICE**

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity**Additional Description:**

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.**Behavioral Health Subaccount per GC 30027.6(f)****Fiscal Year: 2013****Collection Period:** 06/16/2014 **To** 07/15/2014**Payment Calculations:**

Behavioral Health Subaccount apportionment amount per county for current period	1,621,025.09
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.76007580

Gross Claim	\$1,621,025.09
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Net Claim / Payment Amount	\$1,621,025.09
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YTD Amount:	\$17,376,507.67
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	89,500.68
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.09717800

Gross Claim	\$89,500.68
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Net Claim / Payment Amount	\$89,500.68
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YTD Amount:	\$959,398.61
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	1,399,168.81
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	1.51918880

Gross Claim	\$1,399,168.81
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Net Claim / Payment Amount	\$1,399,168.81
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YTD Amount:	\$14,998,328.97
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For assistance, please call: Maria Alvarez at (916) 324-7335

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300465A

PAYMENT ISSUE DATE: 07/30/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Behavioral Health Subaccount per Government Code Section 30027.6(f)

Per schedule from the Department of Finance.

To be deposited in the County Local Revenue Fund 2011, Behavioral Health Subaccount

More information at http://www.sco.ca.gov/ard_local_apportionments.html.

Behavioral Health Subaccount per GC 30027.6(f)

Fiscal Year: 2013

Collection Period: 06/16/2014 **To** 07/15/2014

Payment Calculations:

Behavioral Health Subaccount apportionment amount per county for current period	281,420.58
Behavioral Health Subaccount gross monthly apportionment	92,099,731.61
Behavioral Health Subaccount county percentages	0.30556070

Gross Claim	\$281,420.58
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Net Claim / Payment Amount	\$281,420.58
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YTD Amount:	\$3,016,675.66
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For assistance, please call: Maria Alvarez at (916) 324-7335

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